CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr MICHAEL	R	Date Received	
	NICKNAME LAST	SUFFIX		
	Mike Southerlan	d Sr.	2015	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	> 03 8	
OFFICEHOLDER MAILING	3401 PARKWAY ter		Date Hald-derivered or Postmarked of O	
ADDRESS	'_	2	Date Hard-Bevered or Postmarked 5 5 5 5 5 5 5 5 5 5	
change of address	Bryan To	11802	Receipt # Prount >	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	() 979-846-454	fI	Date Processed	
6 CAMPAIGN	MS/MRS/MR FIRST	MIP	Date integed	
TREASURER NAME	MRS TANA	B		
	NICKNAME LAST	SUFFIX		
	Souther and	-		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	2110 Parchaus Lora	Burney To	77807 -	
(residence or business)	3401 Parkway ter	BryAN TX	11802	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	() G16- C1/1-1/5-1	•		
PHONE	() 979-846-4541	/		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
			treasurer appointment (officeholder only)	
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	10 /26 /2014 THROUGH	01/15/	/2aC	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(5	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General Special	
	11/4/2014			
		140		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	11/11/2011	
	Byon City Council	ELECIEP	11/4/2014 to	
	SMOV	Burn lite	Council SMDY	
	JANU Y	Light wild	——————————————————————————————————————	
GO TO PAGE 2				

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Revised 07/28/2014

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	4 CHAEZ	K Southerland Sr. 15 ACC	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL				
	COMMITTEE ADDRESS SPECIFIC				
	grecirio				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700		
		\$			
		POLITICAL EXPENDITURES	\$ 5,796.46		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 440. 91				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 178.87				
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by					
me under Title 15 Election Code					
Notary Public, State of Texas					
My Commission Expires NOVEMBER 26, 2016 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said MICHAEL & Switcher Section 15 day of 15, 20 15, to certify which, witness my hand and seal of office.					
Signature of Officer administering oath Signature of Officer administering oath Signature of Officer administering oath Signature of Officer administering oath					

PO Box 12070

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Michael R. Southerland 4 Date 5 Full name of contributor O out-of-state PAC(ID# 7 Amount of 8 in-kind contribution description (if applicable) contribution (\$) Steven Opersteny 10/29/2014 500 6 Contributor address; City; State; Zip Code 7744 Jones Rd CS, 77845 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Date Full name of contributor O out-of-state PAC(ID# Amount of In-kind contribution description (if applicable) contribution (\$) **George Richardson** 10/29/2014 250 Contributor address; City; State; Zip Code 4070 Sweetwater Dr CS, 77845 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor O out-of-state PAC (ID#: Amount of In-kind contribution Date description (if applicable contribution (\$) Lloyd & Mary Joyce 10/29/2014 Contributor address: City; State; Zip Code 500 3924 Parkmeadow Ln Bryan, 77802 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor O out-of-state PAC(ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) **Donald Ball** 200 10/27/2014 Contributor address; City; State; Zip Code 1713 Broadmoor Ste 208 Bryan, 77802 (If travel outside of Texas complete Schedule TI Principal occupation / Job ttle (See Instructions) Employer (See Instructions) Full name of contributor O out-of-state PAC (ID# Date Amount of In-kind contribution description (if applicable) contribution (\$) Alvin W Jones 100 11/11/2014 Contributor address; City; State; Zip Code 2505 E Villia Maria Apt 331 Bryan, 77802 (If travel outside of Texas, complete Schedule TI Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PO Box 12070

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Michael R. Southerland O out-of-state PAC(ID#: 8 In-kind contribution 4 Date 5 Full name of contributor 7 Amount of contribution (\$) description (if applicable) John & Jeanne Delaney 11/5/2014 150 6 Contributor address; City; State; Zip Code 4313 Birchcrest LN Bryan, 77802 (If travel outside of Texas, complete Schedule T) | 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) O out-of-state PAC(ID# Date Full name of contributor Amount of In-kind contribution description (if applicable) contribution (\$) i Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) O out-of-state PAC(ID# Full name of contributor Date Amount of In-kind contribution description (if applicable contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) O out-of-state PAC(ID# Amount of Full name of contributor In-kind contribution Date contribution (\$) description (if applicable) Contributor address; City: State: Zip Code (If travel outside of Texas complete Schedule TI Principal occupation / Job ttle (See Instructions) Employer (See Instructions) O out-of-state PAC (ID# In-kind contribution Date Full name of contributor Amount of description (if applicable) contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule TI Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to other the services of the se	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Lental Expense OTHER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME MICHAEL R South	(vland, Sr 3 ACCOUNT # (Ethics Commission Filers)			
4 Date 10/27/14	5 Payee name THE EAGLE				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
2410.	1729 Briancrest Dr. Br	yAN 12 72802			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Ad Expense	WEW paper Ad Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct					
Date 10 128/14	Payee name KBTX TV				
Amount (\$)	Payee address; City; State; Zip Code 4141 E 2912 ST By AND 77802				
102000	P.O. BOX 14200 TOMINHASSEC FL 32317-4200				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Ad Expense	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 10/29/14	Payee name By AN Brand CHSTING				
Amount (\$)	Payee address; City; State; Zip Code				
1944	2700 Fudder Fwy STE 5000,	College St 12 77845			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad ERPLUSE	Description (If travel outside of Texas, complete Schedule T) LACLS Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 10/31/14	Payee name Advertsing W Payee address; City; State; Zip Code	lail Corp, FrC			
Amount (\$)					
422.96	427 Dellwood St, Bym	J. 77802			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Expense	Description (If travel outside of Texas, complete Schedule T) ———————————————————————————————————			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					